Open Enrollment

2017

Retiree Group Insurance



Open Enrollment

Open Enrollment is, generally, the only time of year retirees can make changes (enroll, change or cancel) to certain benefits for the next plan year.

Active employee Open Enrollment will be held October 17– October 28, 2016

Changes will take effect January 1, 2017



New for 2017

Make Health Insurance Changes — Anytime

- No need to wait for the County's annual Open Enrollment period anymore! Retired MCG employees can make changes to their health insurance benefits (medical, prescription, dental and vision) anytime during the year.
- It's easy: Submit a Retiree Election Form with your changes to the Health Insurance Team by the 10th of the month.
- Your change will take effect the first day of the following month.



Health Insurance Plans



Health Insurance Plans

- Mobile Apps
- Fitness Discounts
- Online Laboratory Results
- 24 Hour Nurse Lines
- Website Portals
- Online Refills
- Appointment Scheduling
- Comprehensive Coverage
- Virtual Doctor Visits













Your Medical Options

Health Maintenance Organizations (HMO):

Option 1: Kaiser Permanente Signature (HMO)

Option 2: United Healthcare Select (HMO)(IPA)

Point of Service Plans (POS):

Option 3: CareFirst BCBS (POS) High Option

Option 4: CareFirst BCBS (POS) Standard Option

Three tiers of coverage: Self, Self + 1, or Family



Kaiser Permanente (HMO)

- "One-stop" health services
- 38 Kaiser facilities in DC/MD/VA
- Kaiser facility selected for you based on home address
- No claim forms or deductibles
- \$5 copay for office visits
- Rx: \$5 Kaiser Pharmacy/\$15 participating
 - Mail order program available for maintenance drugs
- Hospital care covered in full
- \$50 copay for ER (unless admitted)
- Discounted dental and vision benefits with Kaiser-affiliated providers (directories available)
- Chiropractic care/\$5 per visit; limited to 20 visits per year

Important:

Medicare eligible Retirees must enroll into the Kaiser Plus plan to continue enrollment



UnitedHealthcare Select HMO (UHC)

- National program, not restricted to MD/DC/VA area
- No deductible
- No charge for hospital
- Primary Care Physician (PCP) will be selected for you based on your home address
- Open access may see specialist without a PCP referral; however, some services require a PCP referral (check with PCP or UHC)
- Copays: \$5 office visit; \$10 specialist
- \$25 copay for ER (unless admitted), \$15 for Urgent Care Facility
- \$5 for Behavioral health outpatient services
- Discounted vision benefits available with affiliated providers
- Does not include Rx coverage (except for diabetic supplies)



What's New?

CareFirst BlueChoice Advantage Network



CareFirst BlueChoice Advantage Network

- Beginning January 1, 2017, the CareFirst BlueCross BlueShield (BCBS)
 Point-of-Service (POS) High Option and Standard Option Plans will utilize a
 new network BlueChoice Advantage that provides national network
 coverage.
 - The plan benefits will remain the same.
 - Participants in the out-of-area plans will be automatically enrolled in the applicable inarea plan (High Option or Standard Option), and the out-of-area plans will be discontinued.
 - All CareFirst BCBS POS participants will receive new cards in January 2017. These cards will not list a primary care physician.



CareFirst BlueChoice Advantage Network

- Participants seeking care outside of the CareFirst service area (Maryland, Virginia and Washington, D.C.) will receive in-network benefits by using a national BlueCard provider. Participants will still have the option to opt-out of this network but will pay a higher out-of-pocket expense. If you receive services from a provider outside of the BlueCard network, you will have to:
 - Pay the provider's actual charge at the time you receive services.
 - File a claim for reimbursement.
 - Satisfy a deductible and coinsurance.



CareFirst BCBS POS High Option In-Network

- Open access may see a specialist without a PCP referral.
- \$10 office visit copay; \$25 copay for ER (unless admitted)
- No deductible or charge for hospital
- No dental or vision discount available
- Does not include Rx coverage (except for diabetic supplies)



CareFirst BCBS POS High Option Out-of-Network

- See any doctor; PCP not required
- Must meet annual deductible before benefits apply:
 - \$300 individual deductible, or
 - \$600 family deductible
- After annual deductible is met, member pays 20% of allowed amount for services
- Member also pays any charges above allowed amount (balance billing)
- Does not include Rx coverage (except for diabetic supplies)
- Does not include discounted vision or dental



CareFirst BCBS POS Standard Option In-Network

- Open access may see a specialist without a PCP referral
- Office visit copays \$15 PCP; \$30 specialist
- \$150/admission charge for hospital
- \$35 copay for ER (unless admitted)
- No dental or vision discount available
- Does not include Rx coverage (except for diabetic supplies)



CareFirst BCBS POS Standard Option Out-of-Network

- See any doctor; no PCP required
- Annual deductible must be met before benefits apply:
 - \$300 individual deductible, or
 - \$600 family deductible
- After meeting annual deductible, member pays 20% of allowed amount for services
- Member also pays any charges above allowed amount (balance billing)
- Does not include Rx coverage (except for diabetic supplies)
- Does not include discounted vision or dental



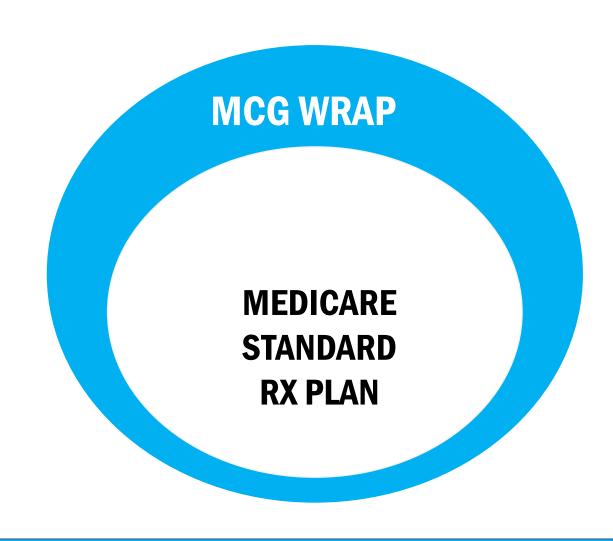
CVS CAREMARK

- Available as a separate Rx plan or with any health plan (remember that Kaiser includes Rx coverage)
- \$50 annual deductible per person (\$50 annual family max) **STANDARD ONLY**
- Maintenance Choice Program available for maintenance drugs: significant cost savings – 1 copay for each 3-month prescription at CVS retail pharmacy or through mail order
- Two options of coverage to choose from: High or Standard



CVS SilverScript

- Provides revenue from Federal government and brand drug manufactures to offset County's drug costs for Medicare retirees
- County auto enrollment at Medicare eligibility date
- Retirees enroll into Medicare A & B ONLY





Prescription Drug Cost Comparison

	High Option \$5/10	Standard Option	
Copay	\$5 Generics \$10 Brand Name	\$10 Generics \$20 P/Brand Name \$35 NP/Brand Name	
Deductible	n/a	\$50/year	
Mail Order	Yes	Yes	
Maintenance Choice	Yes	Yes	
Drugs	Same	Same	



Prescription Drug Cost Comparison

Cost	High Option \$5/10	Standard Option
Self 20% cost share NON MEDICARE	Monthly: \$216.24 Yearly: \$2,594.88	Monthly: \$34.83 Yearly: \$417.96
Self 20% cost share MEDICARE	Monthly: \$263.82 Yearly: \$3,165.84	Monthly: \$42.36 Yearly: \$508.32
Self 30% cost share NON MEDICARE	Monthly: \$233.66 Yearly: \$2,803.92	Monthly: \$52.25 Yearly: \$627.00
Self 30% cost share MEDICARE	Monthly: \$284.99 Yearly: \$3,419.88	Monthly: \$63.53 Yearly:\$762.36



UCCI Dental PPO (Traditional)

- In- and out-of-network coverage available
- Use any provider (but may be balance-billed out-of-network)
- Coinsurance fees based on UCCI's Maximum Allowable Charges
- Annual maximum per enrolled family member = \$2,000 (excludes Orthodontia maximum)
- Annual deductible = \$50 Individual / \$150 Family
- Claim forms required for out-of-network dentists
- Specialist referrals not required
- Covered services:
 - Diagnostic & Preventive -100% of Reasonable & Customary (R&C); no deductible
 - Basic Restorative 80% of R&C
 - Major Restorative 60% of R&C
 - Orthodontia 60% of R&C to \$1,000 per person lifetime maximum
- May coordinate with discounted dental benefits through Kaiser

Important:

If you cancel or do not elect dental coverage, you will have a two-year waiting period from the start of the next plan year.



Vision Insurance

- Administered by National Vision Administrators (NVA)
- Discounts payable for exams, lenses and contacts (elective or necessary)
 every calendar year, frames every two calendar years

Important:

If you cancel or do not elect vison coverage, you will have a two-year waiting period from the start of the next plan year.



Eligible Dependents

For Medical, Prescription, Dental and Vision coverage

Spouse

- Legally married? Yes
- Divorced? No

Children

Biological, legally adopted, stepchildren, or under your legal custody and who are either:

- Under age 26? **Yes**
- Age 26 and over? **No**, unless incapable of self support

Relatives

- Sisters, brothers, parents or parents-in-law? No
- Grandparents, grandchildren, aunts, uncles, cousins, nieces or nephews? No



Proof of Eligible Dependents

What is considered proof of eligibility?

For Spouse: Official State Marriage Certificate (certified by appropriate State or County Official)



Not acceptable



Acceptable



Proof of Eligible Dependents

- For a Biological Child: State Birth Certificate* (For newborns, OHR will accept hospital discharge papers for first 60 days; birth certificate must then be submitted)
- For an Adopted Child: Copy of Adoption or Placement for Adoption Papers
- For a Step Child: State Birth Certificate*, Marriage Certificate and Divorce Decree or Custody Papers
- For a Disabled Child: Medical plan verification of disability prior to age 26
- For Legal Custody: Copy of Court Order granting legal custody

^{*} Must show plan member or spouse as parent.



Medicare

- Part A of Medicare is mandatory and covers most inpatient hospitalization benefits after the \$1,260 deductible.
 - Part A is effective the month in which you turn 65.
- Part B of Medicare covers 80% of doctor bills and other outpatient expenses after the \$147 deductible; it is required if you want to receive benefits from your County medical plan.
 - CareFirst BCBS and United Healthcare will process your claims as if you had elected Part B, whether you elect Part B or not. This means significantly lower benefits (or no benefits) if you do not elect Part B.
 - You cannot continue in the Kaiser plan unless you elect Part B and enroll in the Kaiser Medicare Plus Plan.
- Part D of Medicare covers a major portion of prescription costs.
 - The County's prescription plan works together with Medicare Part D to maintain your current coverage level; this
 process is administered through SilverScript.
 - You should not to elect a separate Medicare Part D plan if you want the County's plan through SilverScript;
 enrollment via SilverScript is automatic.
 - SilverScript does not apply to Kaiser participants.



Medicare

- Generally, you need to apply for Medicare Parts A & B at age 65. The only situations in which you do not need to apply for Medicare at age 65 are:
 - If you are still actively employed (post age 65), or
 - You are the covered dependent of someone still working with employer-provided insurance.

Important:

If you do not apply for Medicare when you reach 65 or upon your or your spouse's retirement, you may be charged premium penalties assessed by Social Security



Medicare

Does your doctor accept Medicare?

	Office Visit	Paid by Medicare	Paid by County Group Plan	Paid by Retiree
Enrolled in Medicare	\$100.00	\$80.00	\$20.00	\$0.00
NOT Enrolled in Medicare (or doctor does not accept Medicare)	\$100.00	\$0.00	\$20.00	\$80.00



How to Make Changes

- 1. Go to montgomerycountymd.gov/OE and select your Open Enrollment Home Page.
- 2. Review your Open Enrollment Guide and 2017 rates.
- 3. Click the link to Self-Service Benefits. You may find it helpful to have on hand the step-by-step Self-Service Benefits Online Instructions (available on your Open Enrollment Home Page) to help you make your changes.
- 4. Print your 2017 online confirmation statement and keep it for your records.
- 5. Send any additional required paperwork so that it is received by the deadline: October 28, 2016 at 5:00 p.m. ET.



No Changes?

If you review your Open Enrollment materials and decide not to make any changes for 2017, you do not need to do anything. A confirmation statement will be mailed to your home address.



ID Cards

- Typically, ID cards are not sent each year.
 - All BCBS members will receive new ID cards

- Participants who change plans or enroll for the first time during Open Enrollment should expect to receive new member ID cards by late January 2017
- Replacement ID cards can be requested via your carrier by:
 - PHONE
 - ONLINE PORTAL WEBSITE



OHR Customer Service Center

If your provider cannot answer your health insurance question, please contact OHR MC311.



Monday to Friday, 8 a.m. to 5 p.m.

Speak with a Customer Service Representative at MC311.

Call 240-773-OHR1 (240-773-6471); 1-877-613-5212 toll-free; TTY: 711

Any questions MC311 cannot answer are immediately routed via a service request to the OHR Health Insurance Customer Care Center, open Monday through Friday, 8 a.m. to 5 p.m.



Voluntary Benefits: Long-term Care

- Administered by ACSIA Partners; underwritten by LifeSecure
- Provides financial coverage for long-term care services in the event of disability or chronic care needs
- \$100,000 to \$1,000,000 total coverage amounts available

*Participants are billed directly for Long-Term Care Insurance

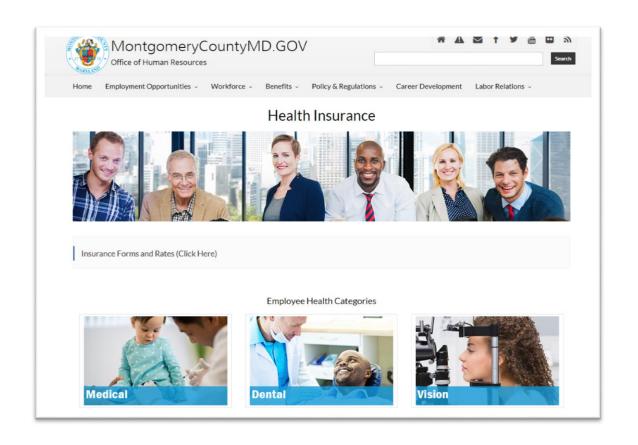


Online Resources

Visit the Employee Health Insurance page.

montgomerycountymd.gov/hr

Click: Benefits > Health Insurance





Legal Information

The County expects to continue its group insurance plans, but it is the County's position that there is no implied contract between employees and the County to do so, and the County reserves the right at any time and for any reason to amend the terms of the plans or terminate the plans, subject to the County's collective bargaining agreements. The County may also amend the plans at any time, either prospectively or retroactively, as required by federal law. In the event of a conflict between this presentation, the County Code and/or the Summary Description, the County Code and then the Summary Description will govern.



Thank You

We hope you have enjoyed learning about your health insurance package.

Thank you for allowing us to serve your health insurance needs.

~Your OHR Health Insurance Team

